North Wales Mental Hospital Management Committee

ANNUAL REPORT

FOR THE YEAR 1951

Printed at the Occupational Therapy Dept., North Wales Hospital,
Denbigh.

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THE NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL DISORDERS, DENBIGH.

NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE

Chairman:

Alderman Alfred E. Hughes, C.B.E., J.P.,
Brynhyfryd, Dolgelley.

Vice-Chairman:

Alderman R. T. Vaughan, C.B.E., J.P.,
Ardwyn, Bala.
(Chairman of the Farm Committee).

Members:

Alderman Mrs. E. C. Breese, J.P., Gorsty Hayes, Ruabon Road, Wrexham.
(Chairman of the General Purposes Committee),

T. W. Johnson, Esq., Wynford, Rhyl Road, Denbigh.

Alderman W. J. Hodson, J.P., Crestonia, Liverpool Road, Buckley.
(Chairman of the Finance Committee).

Mrs. R. J. Roberts, O.B.E., Bryn, Greenfield Road, Ruthin.

Henry Parry, Esq., 1 Veto Villas, Denbigh.
(Chairman of the Works and Engineering Committee).
(Appointed for the period ending 31st March, 1952).

Councillor Mrs. Walter Jones, J.P., Bryn Arfon, Llangefni.

Councillor Thomas Jones, 31 Nantygaer Road, Llay, Wrexham.

Dr. A. E. Roberts, Garth, Fairfield Avenue, Rhyl.

Alderman J. Howell Roberts, Gwyndy, Llannor, Pwllheli.
(Appointed fof the period ending 31st March, 1953).

Alderman Mrs. Anne Fisher, M.B.E., J.P., Tyddyn Eilian, Llanberis.

Dr. J. T. Lewis, Beech House, Vale Street, Denbigh.

Dr. M. T. Islwyn Jones, 16 Grosvenor Road, Wrexham.

Alderman David Tudor, J.P., Dilwyn, Trawsfynydd.
(Appointed for the period ending 31st March, 1954).

Secretary and Finance Officer:

Sidney L. Frost, F.H.A.

Supplies Officer:

Alfred H. Lucas, F.H.A., A.R.San.I.

Group Engineer and Clerk of Works:

R. Glyn Pritchard, M.I.H.E., M.I.E.C.

Senior Administrative Assistant to the Secretary and Finance Officer:

D. Basil Evans.

HOSPITALS AND INSTITUTIONS ADMINISTERED BY THE NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE

North Wales Hospital for Nervous and Mental Disorders, Denbigh, and Pool Park Hospital, near Ruthin.

Chairman:
Alderman Alfred E. Hughes, C.B.E., J.P.

Vice-Chairman:
Alderman R. T. Vaughan, C.B.E., J.P.

Medical Superintendent:
J. H. O. Roberts, M.D., D.P.M., J.P.

Matron:
Blodwen D. Hughes, S.R.N., S.C.M., R.M.P.A.

Chief Male Nurse:
T. J. Davies, R.M.N., R.M.P.A.

Coed Du Hall M.D. Institution, near Mold.

Chairman of the House Committee:
Alderman Mrs. E. C. Breese, J.P.

Members:

Mrs. P. R. Davies-Cooke
Mrs. Florence Jones
Mrs. R. J. Roberts, O.B.E.
Miss W. Yates, J.P.
Alderman H. Hampson, J.P.
Alderman W. J. Hodson, J.P.
Dr. M. T. Islwyn Jones
Councillor Thomas Jones
Councillor J. O. Parsonage
Councillor J. Price

Matron-Superintendent:
Flora J. MacDonald, R.G.N.(Scot.), R.M.N., R.M.P.A.

Llwyn View M.D. Institution, Dolgelley, and
Garth Angharad M.D. Institution, Dolgelley

Chairman of the House Committee:
Alderman Alfred E. Hughes, C.B.E., J.P.

Members:

Alderman Mrs. Anne Fisher, M.B.E., J.P.
Mrs. M. Maelor Jones
Mrs. E. Roberts
Dr. W. F. Gapper
D. R. Meredith, Esq.
Alderman J. Howell Roberts
Alderman R. T. Vaughan, C.B.E., J.P.

Superintendent, Garth Angharad:
W. M. Roberts

Matron-Superintendent, Llwyn View;
Sydney Williams, S.R.N., R.M.P.A., C.M.B.

Fronfraith M.D. Institution, Rhyl, and
Broughton M.D. Institution, Near Chester.

Chairman of the House Committee:
Dr. A. E. Roberts.

Members:

Councillor Miss Ethleen Williams, J.P.
Alderman Miss Margaret Williams
Dr. J. T. Lewis
P. T. Trehearne, Esq.

Matron-Superintendent:
Ann E. Fletcher, S.R.N., R.M.P.A.

Medical Officer of M.D. Institutions:
J. H. O. Roberts, M.D., D.P.M., J.P.

MEDICAL STAFF

Psychiatry.

Consultants:

J. H. O. Roberts, M.D. (Lond.), D.P.M.

Geoffrey Williamson, M.B., Ch.B. (Manchester), D.P.M.

T. Gwynne Williams, M.D. (Lond.), D.P.M.

E. Simmons, M.D. (Bonn), L.R.C.P. & S. (Edin.). (Child Psychiatry).

Senior Hospital Medical Officers:

I. M. Davies, M.R.C.S., L.R.C.P., D.P.M.

K. C. S. Edwards, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.M.

J. A. Urquhart, M.B., Ch.B. (Glasgow), D.P.M.

Junior Hospital Medical Officers:

O. F. Sydenham, B.Sc. (Birmingham), M.B., Ch.B., M.B.B.S. (Lond.).

Peter H. Griffith, M.B., B.Ch., B.Sc. (Wales).

Consultants in Other Specialities:

Pathology:

A. Ceinwen Evans, M.B., Ch.B., B.Sc. (Wales).

General Medicine:

P. R. C. Evans, G.M., M.D. (Lond.), M.R.C.P.

General Surgery:

D. I. Currie, M.B., Ch.B. (Leeds), F.R.C.S. (Eng.).

R. S. Ninian, F.R.C.S. (Edin.)

Neuro-Surgery:

A. Sutcliffe Kerr, M.C., Ch.B. (Liverpool), F.R.C.S. (Eng.).

Ear, Nose and Throat Surgery:

R. D. Aiyar, F.R.C.S. (Edin.).

Ophthalmology:

Eleanor M. P. Brock, M.B., Ch.B. (Liverpool), D.O.M.S.

Anaesthetics:

H. S. Bell, M.R.C.S. (Eng.), L.R.C.P. (Lond.).

Radiology:

S. Nowell, M.B., Ch.B. (Manchester), D.M.R., F.F.R.

I. Pierce Williams, M.B., Ch.B. (Liverpool), D.M.R.

Dental Surgeon:

Charles Hubbard, L.D.S.

OTHER STAFF

Psychologist:

Martha Vidor, Ph.D. (Leipzig), F.B.Ps.S.

Psychiatric Social Workers:

Kathleen M. Jones, B.A. (Wales).
Janet W. Wiggins.
J. S. Midwinter.
A. Marrington.

Senior Occupational Therapists:

May Cooper, S.R.M.N., M.A.O.T.
G. R. Wilson, R.M.P.A., M.A.O.T.

Chaplains:

Rev. H. Davies, B.A., Church of England.
Rev. R. H. Davies, B.A., Nonconformist.
Father Joseph Wedlake, Roman Catholic.

THIRD ANNUAL REPORT OF THE NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE FOR THE YEAR 1951.

The Committee continue to be responsible for the management of the Mental Hospital at Denbigh and Pool Park and the mental deficiency institutions situated at Dolgelley, Broughton and Rhydymwyn, the accommodation available by the end of the year being approximately as follows :—

North Wales Hospital for Nervous and Mental Disorders, Denbigh	1414 beds
Pool Park	100 ,,
Coed Du M.D. Institution, Nr. Mold	80 ,,
Broughton M.D. Institution, Chester	70 ,,
Llwyn View M.D. Institution, Dolgelley ..	70 ,,
Garth Angharad M.D. Institution, Dolgelley ..	64 ,,

CHAIRMAN

The Committee heard with regret of the decision of their Chairman, Mrs. K. W. Jones-Roberts, to resign from the Committee owing to pressure of other work. Mrs. Jones-Roberts was Chairman during the transition period in 1948, and the Committee very much appreciate the large amount of hard work put in by her in those early days. The Regional Hospital Board appointed the Vice-Chairman, Ald. A. E. Hughes, as Chairman of the Committee and Ald. R. T. Vaughan has been elected Vice-Chairman.

STANDING ORDERS

Standing Orders for the regulation of the proceedings of the Committee have been drawn up in pursuance of the National Health Service (Regional Hospital Boards, etc.) Regulations, 1947. Provision has been made for the appointment of four standing Sub-Committees for Finance, General Purposes, Farm, Works and Engineering and for such other Sub-Committees as may be deemed necessary. Chairmen and members of the Sub-Committees are elected annually by the Management Committee. One quarter of the total number constitutes a quorom in the case of the Management Committee and any three members in the case of the Sub-Committees.

A Visiting Committee is appointed by rota for statutory visits and other duties laid down in the Mental Treatment Acts.

In addition to Orders regulating proceedings and meeting procedure for dealing with tenders has been fully prescribed.

ACCOMMODATION

It is gratifying to learn from the Medical Superintendent's Report that seven out of every eight of all those entering the Hospital return to their homes. Although this is so the population of the Hospital is increasing year by year and overcrowding is becoming more and more acute. The overcrowding in relation to the Ministry's Standards was as follows on 1st January, 1952:—

Male		Female	
Day	Night	Day	Night
32.0%	19.6%	40.9%	34.4%

The Committee are disappointed that the Regional Hospital Board have not been able to include in the capital works programme the male and female villas so badly needed.

It will be seen by the Medical Superintendent's Report that he considers that the number of female patients in the Hospital has now reached a figure which can only be exceeded at hazard. A crucial point would seem to be the effect of overcrowded ward conditions on the recruitment of student nurses. The nursing of chronic mental patients can be sufficiently trying in the best possible conditions, but when they are crowded together in inadequate space, it can become almost intolerable. For this reason alone, a policy permitting further overcrowding on the grounds of expediency would endanger its own object, for any resulting loss of staff might well lead to closure of wards. The Management Committee are therefore giving serious consideration to the limitation of admissions. They do this regretfully, knowing full well the hardships such a policy must entail in certain instances.

The extensions and additions to the M.D. Institutions referred to in the last report have materialised and, as a result a number of developments and re-organisation including the return of the patients from their wartime home at Fronfraith to Broughton, an addition of approximately 128 beds have been made for mental defectives.

Adaptations at Garth Angharad have been completed; at Llwyn View the main contract for adaptations has been completed, there remaining only minor works in connection with the provision of additional accommodation for staff, and the extension and re-equipping of the laundry, the latter jobs being undertaken by direct labour under the supervision of the Group Engineer and Clerk of Works.

Broughton Institution was taken over from the contractors towards the end

of the year, and the patients are being transferred from Fronfraith. Here, also, it has been necessary to obtain authority from the Regional Hospital Board to extend the Laundry, and this work is being carried out by the Group Engineer and Clerk of Works. Both Broughton and Llwyn View have been practically rebuilt and completely modernised and the old buildings have been transformed into very pleasing institutions.

As welcome as this increase in number of M.D. beds is, it goes but a very small way to meeting the urgent need for a substantial increase in North Wales. The need for a large colony for mental defectives remains as urgent as ever, and the problem is engaging the attention of the Regional Hospital Board. A number of sites and properties have been inspected, but so far no suitable site has been found. The Board are receiving reports from their technical officers and from the District Valuer, on a large estate known as Oakwood Park at Conway, at present in use as a school and occupied by some 150 boys, and it is to be hoped that this site or some other will be acquired as soon as possible, in order that plans for a large colony can be prepared ready for building operations to be put in hand immediately the necessary financial arrangements can be made.

CAPITAL WORKS

Whilst the Committee were sorry that no major part of their capital works programme could be put in hand during the year, they were grateful to the Regional Hospital Board for authorising the Committee to carry out a number of alterations and additions for completion within the financial year. The Board were not, unfortunately, able to issue sanctions until late in the year, and, in consequence, pressure on the Works Department has caused some interruption in the normal maintenance programme. These works are being done by direct labour under the supervision of the Group Engineer and Clerk of Works, and there is every hope that completion will take place within the prescribed time.

The works authorised, chargeable to the Board's Capital account, are as follows:—

Lowering of Cae Dai Dam.

Extensions of Ablutions F5.

Sewage and water supply to Pont Ystrad Farm Cottage.

Conversion of portion of Medical Superintendent's residence (Trefeirian) into offices for Social Workers.

Alteration to Matron's Quarters.

Conversion of kitchen at Reception Hospital into a Clinic, and provision of staff lavatory.

Provision of flat for staff at Pool Park.

Construction of Implement Shed at Farm.

SURPLUS LANDS AND FORESTRY

Arrangements are being made to transfer to the Forestry Commission woodlands not required for hospital purposes.

At Coed Du Hall Institution, where the Committee were being pressed by a neighbouring farmer to repair fences, the Committee have suggested to the Regional Hospital Board that about 75 acres of woodlands should be transferred to the Forestry Commission. The Welsh Board of Health have agreed to the suggestion, and the Regional Hospital Board are arranging for the transfer of the freehold interest in the land to the Ministry of Agriculture and Fisheries under an order to be made under Section 88 of the Agriculture Act, 1947. In the meantime, the Committee have been authorised to fell and remove from the land timber required for hospital purposes, and the remainder of the standing timber has been sold for a large sum of money, the proceeds have been handed over to the Regional Hospital Board.

At Garth Angharad, where the lease has not yet been signed, the proposed boundaries and terms are being varied to provide for the exclusion of approximately 150 acres of woodlands. These woodlands are not required for the purposes of the Institution and the Forestry Commission will negotiate direct with the owners in this matter.

FARMING

The farm and garden at the Mental Hospital has completed a successful and profitable year and has served a most useful purpose of supplying to the Hospital adequate quantities of potatoes, fresh vegetables and milk, besides providing healthy and congenial occupation to many patients, who, being brought up on farms and accustomed to farm work, are happier and more at home employed on the farm than in any other occupation.

An enquiry received from the Welsh Board of Health caused the Farm Committee to fear that the general question as to whether mental hospital committees should be permitted to engage in farming activities was in the balance and, on the instructions of the Committee, the Secretary, in consultation with the Treasurer of the Regional Hospital Board, made representation to the Welsh Board of Health and put forward the Committee's views that, if curtailment was to be introduced, discretion should be given to Regional Boards to approve farming activities being carried on where considerable and beneficial occupation of patients is provided and where a profit can be shown after produce has been charged at the growers' price.

After many years of successful farming at the mental hospital the Committee have little doubt that the farming here is desireable in every way, and it is the Committee's intention to watch closely the farming and gardening activities at the M.D. Institutions.

AUDIT

Audit of the accounts has been carried out by the Health Service Auditor and under a re-arrangement of the audit area made by the Ministry, Mr. W. E. Evans of Liverpool has been made responsible for the audit of the accounts of Management Committees in North Wales.

Arising out of the audit Reports and in consultation with Mr. Evans and the Ministry the following matters have received the attention of the Committee:—

Applications to the Local Health Authorities for the contributions towards the cost of after-care services.

Future arrangements for a central linen store attached to the laundry.

Stock records for Engineer's stocks.

Designation of the Finance Officer as a person responsible for the condemning of unservicable articles.

Regulations governing the replacement of nurses' uniforms.

Disposal of cash balances of deceased patients.

FINANCES

The Committee were sorry that the Regional Hospital Board found it necessary to impose a cut in the estimates for the financial year 1951/2 and many improvements had to be postponed. The cuts were felt most severely under the headings "Maintenance of Plant and Buildings" and "Domestic Repairs, etc." The Committee expressed to the Regional Hospital Board the view that the minimum reduction, if any, should be applied to a group such as that coming under the control of the Committee where the cost per head per patient at the Mental Hospital was lower than at the majority of the mental hospitals in the Region.

ECONOMY MEASURES

Towards the end of the year Committees were asked to make a special review of expenditure to secure economies and, following receipt of a letter from the Minister of Health, addressed to the Chairman, senior officers were asked to confer and suggest ways in which economies could be effected. An Economy Sub-Committee

has been formed and meetings will take place early in the new year to decide upon what economy measures can be adopted immediately and in the financial year 1952/3.

COMMISSIONERS

Annual visits have been made by Commissioners of the Board of Control to the Mental Hospital and the Mental Deficiency Institutions. In the report on their visit to the Mental Hospital the Commissioners paid tribute to the "progressive and ably administered hospital." The Committee considered the report to be highly satisfactory. A resolution was passed by the Committee congratulating the staff generally for the conditions at the hospital which made the satisfactory report possible.

CATERING AND DOMESTIC ARRANGEMENTS

The Commissioners of the Board of Control, whilst reporting on the patients' food as being of good quality, advised the Committee that a weakness lay in the preparation and service of the food to both patients and staff and the Committee decided to ask the Ministry to send one of their dietitians to visit all the Institutions in the Group and make suggestions, to include the question of supervision of the male and female nurses quarters. Visits were made and very helpful reports were received and given careful consideration by a Sub-Committee with the result that it has been decided to appoint, when a vacancy occurs, a Lay Warden to be responsible for the general management of the Nurses Home and with the assistance of a male Assistant Warden, the male nurses quarters. For the catering department the Committee have agreed in principle, to the appointment of a fully qualified and experienced Catering Officer. It is intended to make this appointment next year when financial provision can be made in the estimates.

ADMINISTRATIVE STAFF

In compliance with the decision of the Ministry of Health to enquire into the staffing establishments of Committees in the various sections including medical, administrative, nursing and other staffs, a review of the Committee's administrative staff establishment has been made by a visiting team of experts. A number of administrative changes to which the Committee have agreed will be put into effect as and when vacancies occur, and it was found to be possible during the year to abolish the post of Committee Clerk and reduce the number of clerks employed in the Wages Section by one following resignations and by a re-arrangement of duties.

STAFF

During the year the following changes have taken place in the medical staff:—

Dr. J. A. Urquhart, S.H.M.O., and

Dr. P. H. Griffiths, J.H.M.O., have joined

and

Dr. D. I. Jenkins, Registrar, and

Dr. A. B. Monks, Senior House Officer, have left.

The following members of the staff have retired on superannuation after long and very faithful service:—

Mr. T. W. Vaughan, Head Storekeeper for 36 years.

Mr. Richard Blythin, Assistant Chief Male Nurse, in charge of Pool Park Hospital since its opening in 1937, after 31 years service.

Mr. Robert Jones, Engine Room Attendant, after 31 years service.

MEDICAL SUPERINTENDENT'S AND MEDICAL OFFICER'S ANNUAL REPORT 1951

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Medical Superintendent's Report for the North Wales Hospital at Denbigh and the Medical Officer's Report for the four Mental Deficiency Institutions for which the Management Committee is responsible.

NORTH WALES HOSPITAL, DENBIGH

In reporting on the activities of a mental hospital it is difficult to draw a picture which shows the right proportions. This is due to the presence of a chronic population which by sheer size draws attention to itself and obscures the hospital's curative functions so that it is easy to overlook the fact that of every eight patients admitted, seven are returned to the community either patched up or cured. However, be this as it may, it is unfortunately our failures rather than our successes which obtrude themselves and I am afraid that this Report must largely deal with the problem created by the eighth man or woman who cannot be returned to the community and who remains to increase the overcrowding in our chronic wards. In the following Graphs, I have attempted to give some idea of the problem and of certain factors bearing on it.

Graph I (Curve A) shows that the hospital population continues to rise. On the 31st December, there were 1,474 patients resident as against 1,450 a year ago. Our figures for overcrowding of statutory accommodation are as follows:—

Male		Female	
Day	Night	Day	Night
32.0%	19.6%	40.9%	34.4%

These figures represent a degree of overcrowding on the Female Side which is ominous and one wonders how much further the numbers in the wards should be allowed to increase. The dilemma is difficult. On the one hand are the manifest discomforts and dangers inseparable from overcrowded wards while on the other are the difficulties met by the community when it has to cope with patients who should be in hospital. The only solution is, of course, extra accommodation and, as the Committee knows, plans for the building of three new villas have been ready since 1939. I know times are difficult but even in difficult times certain priorities are fixed and it seems to me that most urgent representations should be made that these

12 year old plans should be given the highest priority so that they may be proceeded with at the earliest practicable occasion.

Graph I (Curves B and C) also shows that the growth of the patient population is due to the increase of the over 65s, there now being 391 patients in this group as against 241 in 1935. In contrast, the number under 65 shows a slight reduction.

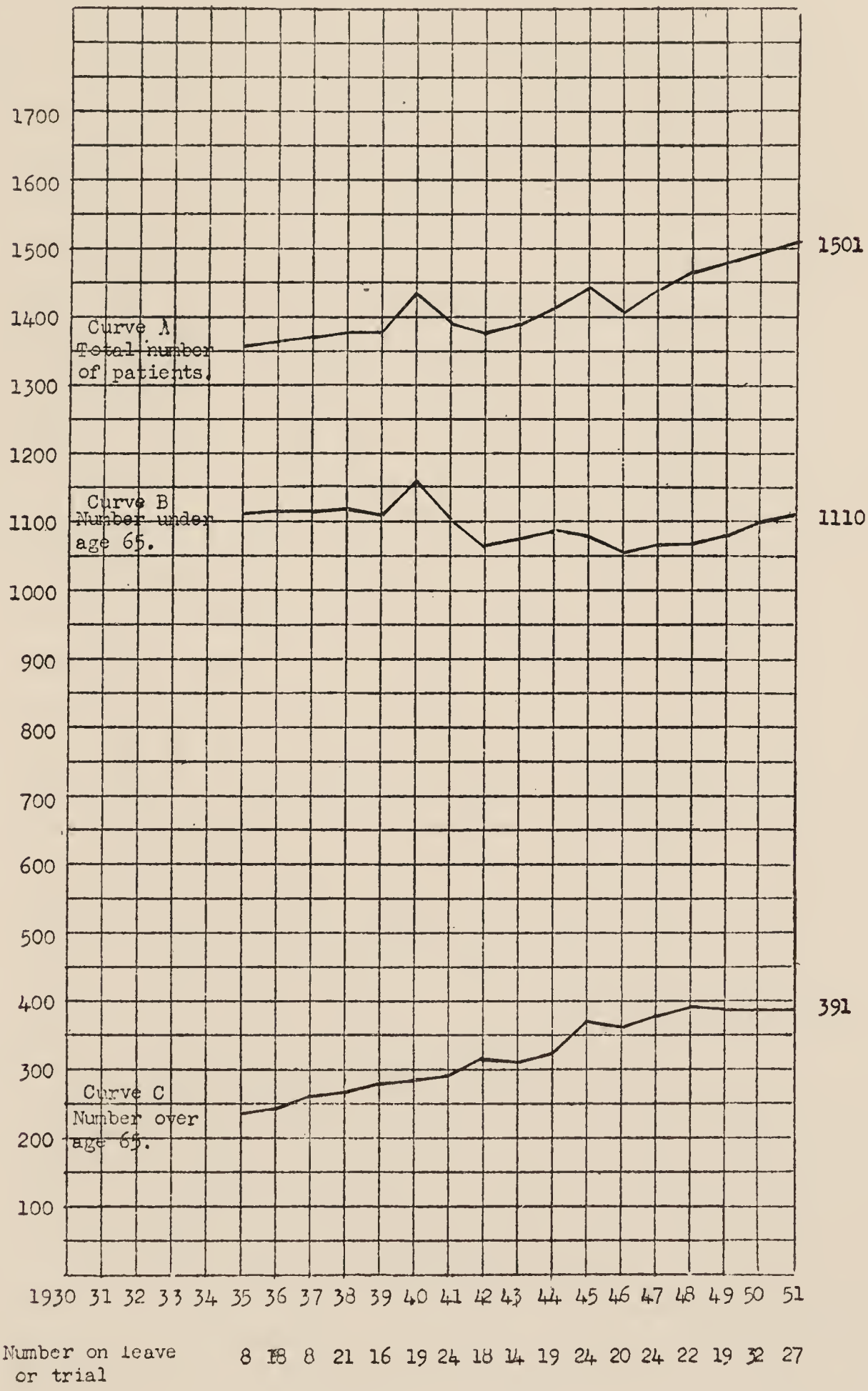
Graph II shows that the admissions and discharges continue to increase. The admission rate for voluntary patients which dropped in 1950 is up again in 1951. In 1950, the drop was due to the institution of a waiting list for voluntary patients on the Female Side. This waiting list has remained in existence but we appear to have been able to deal with more cases as a result of a quicker turnover. However, it would not be well to congratulate ourselves unduly on this quicker turnover. It must entail the risk of pushing patients out too soon and there is no doubt but that we are now dealing with more treatment cases than our facilities properly allow.

Graph III shows the increase in the admission rate according to age and sex. As the Management Committee is aware, we have reluctantly had to put some brake on the admission of old people. The lower curve shows that despite these efforts, the number of over 65s admitted has risen during the year. Nevertheless, I think that this increase would have been greater if we had not imposed a fair degree of restraint.

Graph I

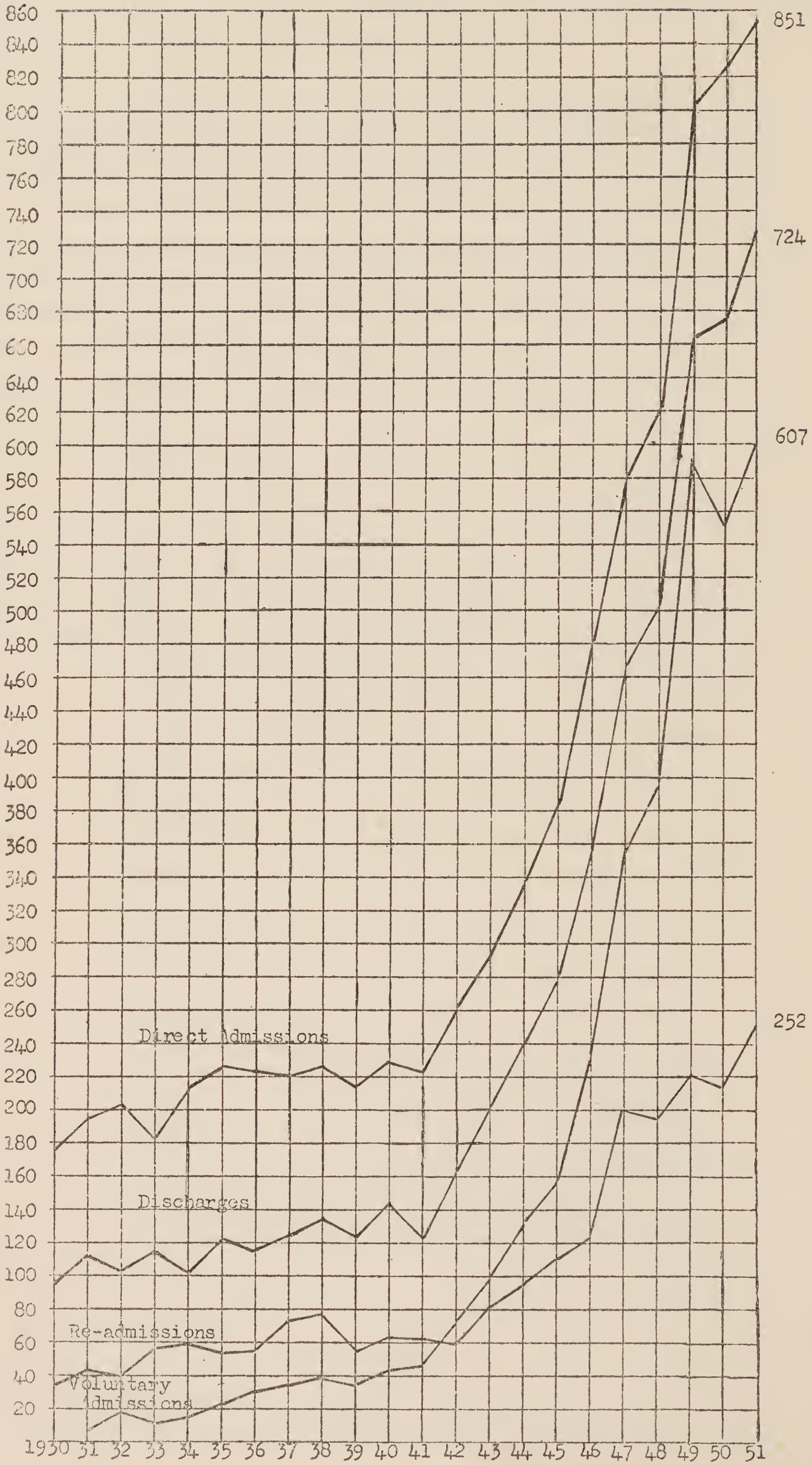
Hospital Population

The figures on which this Graph is based refer to the number of patients on our books on 31st December each year but a small number of these patients were out on short leave or trial. The number of such patients is given at the foot of the Graph.



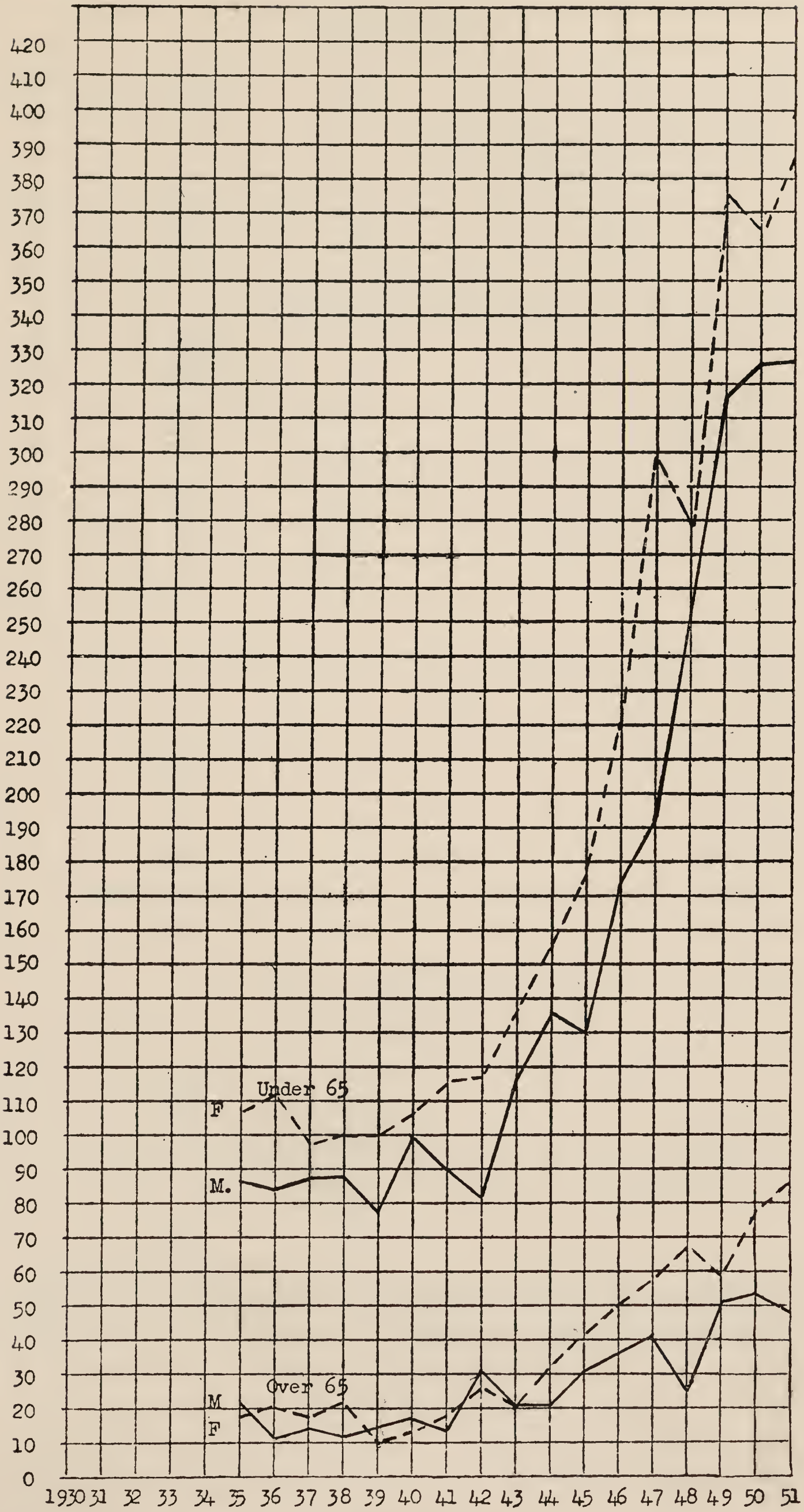
Graph II

Admission and Discharges



Graph III

Admissions according to sex and age group over and under 65 years



General Statistics of Admissions, Discharges, Deaths and Hospital Population

ADMISSIONS

	Male		Female		Total
Direct admissions	376	—	475	—	851
Indirect admissions from other mental Hospitals	1	—	2	—	3
Total	367		477		854

Admissions classified according to form of admission:—

	Male		Female		Total
Voluntary	274	—	333	—	607
Temporary	3	—	14	—	17
Certified	99	—	128	—	227
	376		475		851
Transfers (Certified)	1		2		3
	377		477		854

Proportion of Voluntary Admissions to all Admissions=71%.

Admissions (direct) classified according to age groups:—

Age Group	Male		Female		Total
Under 20	17	—	17	—	34
20—40	139	—	159	—	298
40—60	151	—	176	—	327
60—80	62	—	114	—	176
Over 80	7	—	9	—	16

The number of re-admissions during the year was 252.

DISCHARGES

	Male		Female		Total
Recovered	156	—	256	—	412
Relieved.....	128	—	137	—	265
Not improved	30	—	17	—	47
	314		410		724

Discharge rate on direct admissions	85.1%
Recovery rate on direct admissions	48.4%

DEATHS

	Male		Female		Total
Number of deaths	55	—	63	—	118

The death rate was 8.0% on the average number resident.

Post Mortem examinations were conducted in 37.3% of the cases.

H.M. Coroner for West Denbighshire held inquests into the cause of death of 6 patients. The following verdicts were returned:—

Suicide	1
Misadventure	3
Accidental Death	2

HOSPITAL POPULATION

	Male		Female		Total
Number of patients on Hospital Registers 31st Dec., 1950	743	—	749	—	1492
Number remaining 31st Dec., 1951 :—					
Voluntary	118	—	126	—	244
Temporary	—	—	1	—	1
Certified	632	—	624	—	1256
	750		751		1501

Fifty-seven patients are classified as Ministry of Pensions Service cases.

The General Health of the Hospital

The health of the patients generally has been satisfactory and little epidemic illness has occurred during the year. There was only one case of Dysentery; B. Schmitz was isolated.

Pulmonary Tuberculosis.—During the year, 4 patients died from pulmonary tuberculosis compared with 5 in 1950 and an average of 7.3 during the years 1934 to 1939.

Mass Radiography.—In my last Report, I told of the visit of the Regional Board's Mass Radiography Unit to the Hospital. It may be recalled that 27 patients showed evidence of T.B. not previously suspected, of whom 7 were found by other

tests to be suffering from active disease. In December, 1951, the Unit again visited the hospital and examined nearly all patients. It is gratifying that on this occasion no previously unsuspected active cases were discovered.

B.C.G. Vaccination.—All student nurses are Mantoux tested on joining. Seven have received a course of B.C.G. Vaccine.

Nursing Staff

The following figures show the strength of our nursing staff on the 31st December, 1951:—

	Male	Female
Qualified Mental Nurses	76	12
Qualified Mental Nurses also S.R.N.	9	1
Student Nurses	15	33
Nursing Assistants	32	27
Part-time Nurses	—	42

	Male	Female	Total
Nurse patient ratio	1:5.9	1:7.3	1:6.4

(The comparable figure for Wales as a whole is 1:5.4).

It is particularly to the Female Nursing Staff that I would draw attention. The above table shows that although not too badly off for numbers, we are very short of trained female nurses. If this deficit in trained staff shown above were likely to improve slowly or even remain stationary, the position would be difficult but not serious. However, every indication points to a likelihood of a further steady deterioration of the position due to our inability to replace senior nurses who leave. The following figures of trained staff in our establishment show the development of the position I refer to :—

TRAINED FEMALE STAFF

January, 1945	31
,, 1946	25
,, 1947	21
,, 1948	25
,, 1949	22
,, 1950	18
,, 1951	14
,, 1952	11

Looking back to the Table of Strength in various grades, it will be seen that we have 33 female student nurses and it may be suggested that this number should in due course provide us with necessary replacement. Our experience in recent years and over which our figures have been much the same lead us to doubt such a view. Many of these girls will leave, many will fail to qualify and some will transfer to General Training.

The Management Committee have done everything possible to encourage recruitment and I think that conditions of employment at the Hospital are good and and we have an excellent Tutor. The crux of the difficulty appears to be that in general the demand for female labour in North Wales exceeds the supply whilst in particular there is a high demand for student nurses by General Hospitals and general nursing is more attractive—at least to young girls—than is mental nursing.

Of course, the problem is a nation-wide one, otherwise it would be possible to recruit to our higher posts from other areas and this is not the case. For this reason, the solution must in the main be found by the National and Regional Bodies responsible for training policy. Meanwhile, the seriousness of the position at this Hospital has been conveyed to the Regional Hospital Board. In brief, it is that if the cadre of trained staff is much further reduced as it looks as if it well may be, active treatment of women as at present carried out must be curtailed.

It is ironical that on the Male Side, there are more men worthy of taking charge of wards than there are wards. Convention does not at present allow of their being used on the Female Side.

Treatment of Mental Illness

The treatment of mental illness divides itself into the following categories:—

1. Measures directed to improving the patient's general health.
2. Measures directed to re-educating the patient. These include advice, psycho-therapy, occupational therapy and, upon discharge, help in rehabilitation.
3. Special methods of treatment of which the following are the most important in use at this Hospital:—
   (1) **Electric Convulsive Therapy.**—This is applied by passing an electric current through the brain.
   (2) **Insulin.**—In this treatment, shock is produced by the administration of insulin in high doses. A modified technique utilizing lower doses also proves beneficial.

(3) **Prolonged Narcosis.**—In this, the patient is kept asleep almost continuously for a period up to 14 days.

(4) **Prefrontal Leucotomy.**—This is a surgical procedure whereby nerve fibres passing from the frontal lobes to the other parts of the brain are divided.

(5) **Treatment of General Paralysis of the Insane.**—The following methods are in use :—

(a) Inoculation with Malaria.
(b) Penicillin.
(c) Specific antisyphilitic drugs.

The following table shows the number treated by various physical methods during 1951:—

	Male		Female		Total
Electric Convulsive Therapy	211	—	353	—	564
Curare or Flaxedil modified E.C.T.	21	—	6	—	27
Deep Insulin.....	11	—	24	—	35
Modified Insulin	113	—	68	—	181
Continuous Narcosis.....	5	—	25	—	30
Ether or CO2 abreaction	4	—	—	—	4
Alcohol aversion treatment	5	—	1	—	6
Prefrontal Leucotomy	4	—	7	—	11
Endocrine Therapy (in cases of sex offence)	4	—	—	—	4
Narcoanalysis	88	—	25	—	113

Leucotomy Cases.—The following is an analysis of the results in all cases operated upon between April, 1942 and December, 1951:—

	Male		Female		Total
Total number of cases	97	—	67	—	164
Discharged "Recovered" or "Relieved"	46	—	28	—	74
Improved in Hospital	29	—	18	—	47
Unchanged	18	—	14	—	32
Died 1) as a result of operation	3	—	3	—	6
2) operation as a contributory factor	1	—	4	—	5
Discharged but since relapsed	9	—	11	—	20

Commentary.—As Leucotomy is only performed on cases which have not responded to other forms of treatment and in which the outlook without operation is regarded as hopeless, the results shown in the above table are regarded as satisfactory. However, it is realised that they give no information as to the mental status of those patients who have been discharged. Therefore, the Social Worker Department is carrying out a survey during which every discharged patient will be visited. It is hoped that this will provide valuable information.

Surgical Operations:—The operation of Leucotomy is performed by Mr. Sutcliffe Kerr in the Hospital Theatre.

Most major general surgical operations are now performed at neighbouring general hospitals, straightforward cases returning to this Hospital on the same day.

Consultants' Visits in Specialities other than Psychiatry.—

Speciality.	Consultants' Name.	Frequency of Attendance.	No. of patients seen in 1951.
General Medicine	Dr. Philip Evans		
	Dr. Forbes	Alternate weeks	93
Tuberculosis	Dr. Clifford Jones	As required	27
General Surgery	Mr. D. I. Currie	As required	20
Ophthalmology	Mrs. E. M. Brock	Every month	92
Ear, Nose and Throat Surgery	Mr. R. D. Aiyar	Alternate weeks	30

Dental Department.—Mr. Charles Hubbard pays weekly visits to the Hospital. All patients are seen as soon as possible after admission and their teeth put in order.

During the year 1951, 1,188 patients were examined. Extractions were carried out in 352 cases, 11 patients had teeth filled and 45 provided with dentures.

Occupational Therapy.—Miss Cooper, who is in charge of occupational therapy on the Female Side has one qualified Assistant and one unqualified Assistant. There are two principal centres, one at the Reception Hospital and one in Female 3. These deal for the most part with acute and recoverable cases. The occupational requirements of the chronic cases are still chiefly catered for by sewing groups and by work in the dressmaking department. There is considerable scope for development of occupational therapy among our more disturbed patients and this will be taken up as further staff become available.

Mr. Wilson, who has charge of the Male Side, has one qualified Assistant Occupational Therapist and three Male Nurses are seconded to his Department.

Work is carried out at three centres, two of which deal with acute cases, being located at the Reception Hospital and Male 3 respectively, whilst there is also a centre for chronic patients in the Main Building. Work is also taken to suitable bed-ridden cases in the Sick Wards.

Both Miss Cooper and Mr. Wilson undertake a good deal of what might be termed recreational therapy, especially with regard to Reception and Convalescent cases where the provision of adequate interests is an important adjunct to treatment.

Special Methods of Investigation

Pathological Laboratory.—The following examinations were made during the year 1951:—

For various bacteria	294
For parasites	6
For chemical analyses	181
Haematology specimens	2108
Histology sections	4
Post mortem examinations	50

X-Ray Department.—During 1951, the following examinations were made:—

	Patients		Staff		
	Male	Female	Male	Female	Total
Skeleton	59	52	4	5	120
Lungs	157	107	20	104	388
Abdomen	8	6	—	—	14
Total	224	165	24	109	522

All radiographs are seen and reported on by Dr. Pierce Williams, Consultant Radiologist to the Hospital.

Department of Psychology.—A psychologist is chiefly concerned with tests estimating intelligence and other qualities of the mind. Dr. Vidor's work has included the following:—

(1) **Denbigh In-patients.**—163 patients have been examined. The information provided has been most useful in helping us to make a complete assessment of a patient's mental condition. The number mentioned included 16 cases examined as a preliminary to the operation of Leucotomy. Such cases are again examined at periods following the operation.

(2) **Personnel Selection.**—7 candidates for posts on the nursing staff were seen and reported on.

(3) **Out-Patient Work.**—The psychological work carried out by Dr. Vidor in the Child Guidance Clinics is covered by Dr. Simmons in his report.

(4) **Publications.**—Articles based on work done in her Department were contributed by Dr. Vidor as follows:—

Personality changes following prefrontal leucotomy as reflected by the Minnesota Multiphasic Personality Inventory and the results of Psychometric testing. Journal of Mental Science, Vol. XCVII, p.p. 159-173, 1951.

Contribution to S. R. Hathaway and P. E. Meehl, An Atlas for the clinical use of the M.M.P.I. Minnesota University Press, 1951.

Hairdressing.—The Ladies' Hairdressing Saloon continues to provide the permanent waves and sets which are very much appreciated and add greatly to the appearance of our patients. On the Male Side a barber visits the wards in turn.

Chiropody.—Miss Millree attends on the Female Side of the Hospital on 2 days a week and Mr. Lees on the Male Side on 1 day a week.

Social Life of the Patients.

Religious Services.—Services at the Hospital Chapel are conducted alternately in Welsh and English by the Church and Nonconformist Chaplains. They are held at 9 a.m. and 2.45 p.m. on Sundays, and at 9 a.m. on Wednesdays and Fridays. There is also held a Prayer Meeting on Sunday evenings in which patients take part.

The Roman Catholic Chaplain holds a service every Thursday evening and attends whenever needed to minister to the seriously ill.

Employment of Patients.—Patients not employed in the Occupational Therapy Department are encouraged to take part in the ordinary necessary work of the Hospital. This not only helps their mental condition but gives them the sense of being useful members of a community.

The Canteen.—The Hospital Canteen continues to provide a very satisfactory service and patients who have not the privilege of Town Parole are there able to purchase such items as fruit, sweets and tobacco.

Goods are paid for either in the normal currency of the realm or in the form of tokens, the value of each being 3d.

Patients who have no income from other sources are allowed up to 5/- per week pocket money, the actual amount varying according to their capacity to appreciate spending it. Patients incapable of doing their own shopping are provided with free issues of tobacco or sweets. Pocket money is issued in the form of cash when the recipient is considered capable of taking care of it but in tokens when this is not the case.

Trolley Service.—The Denbigh W.V.S. run a weekly trolley service at the Reception Hospital which meets the wants of patients still confined to bed.

Parole.—At the time of writing this Report, 80 men and 47 women enjoy parole outside the grounds of the Hospital, while 65 men and 9 women are allowed parole within the grounds only. Some are patients convalescing prior to returning home, others are well conducted chronic patients whose long detention is considerably mitigated by the liberty to come and go amongst normal people, shopping expeditions to the Town being especially appreciated by the ladies.

Recreation.—Every Wednesday, there is a Patients' Dance in the Main Hall and every Monday evening a Cinema Show. During the Winter months, Whist Drives and Billiard Tournaments are held. Eighteen concerts and five plays were presented during the Year, including seven concerts by the Council for Music in Hospitals, the remainder by local amateur talent with the exception of one by the patients themselves. In the Summer, patients are taken to the Sea-side and to such local events as Sheep Dog Trials and Flower Shows. I would record my appreciation of the kindness of the Denbigh Football Club in allowing our patients to attend all Home Matches free of charge and to the Denbigh Branch of the British Legion who took a party of 30 Ex-service Patients to see a Football Match at Wrexham.

For the reason that it is not usually desirable for the Reception and Convalescent Patients to attend entertainments in the Main Building, separate provisions have to be made on their behalf. As it is important that those recovering from mental illness should be provided with suitable social interests,every effort has been made to fill each evening with one of such activities as play readings, discussions, dancing classes, and whist drives. We are indebted to the W.V.S. for running a weekly social which is very much appreciated and also the W.E.A. who have arranged lectures for Sunday evenings.

OUT-PATIENT SERVICES.

(1) Out-Patient Clinics.—To these Clinics are referred patients in whose cases the General Practitioner requires a psychiatric opinion. Of these, some are admitted to Gwynfryn for investigation and treatment though in a good proportion of cases, this is carried out throughout on an out-patient basis. The figures given below show the steady growth of attendances at the Clinics and it will readily be understood that together with the other out-patient services, they take a good proportion of the time of the Hospital's Medical Staff. An important factor in a scattered area such as North Wales is the travelling time required and which takes away from the time available to patients.

Clinics are held at the following centres:—

Bangor	Caernarvonshire and Anglesey Hospital	Every Wednesday morning and afternoon
Dolgelley	County Health Department	3rd Tuesday in each month in afternoon
Rhyl	Royal Alexandra Hospital	Every Thursday afternoon
Wrexham	Maelor General Hospital	Every Friday morning and afternoon

Table of Attendances:—

	First Attendances				All Other Attendances		
	Male	Female	Total		Male	Female	Total
Bangor	120	137	257	—	249	302	551
Dolgelley	9	17	26	—	7	2	9
Rhyl	101	107	208	—	138	197	335
Wrexham	98	142	240	—	189	321	510
Denbigh	14	11	25	—	54	80	134

The following are the figures of total attendances at all adult clinics during the past eight years:—

1944	304
1945	461
1946	576
1947	830
1948	1167
1949	1224
1950	1778
1951	2295

(2) Domiciliary Visits.—These are visits made at the request of General Practitioners for a consultation in the patient's own home. The usual reason for the request is that the patient is too ill to attend a Clinic.

The number of such visits made in 1951 was:—

Male	Female	Total
30	76	106

(3) Visits to Patients in Hospitals in other Management Committee Groups.—Specialists on the staff at Denbigh may be required to attend at any Hospital in the following Groups:—

Group 12 (Caernarvon and Anglesey).

Group 13 (Clwyd and Deeside).

Group 14 (Wrexham).

The number of patients visited during the Year in Hospitals in these Groups amounted to:—

Male	Female	Total
33	64	97

(4) Examination of cases referred to by the Courts under the provision of the Criminal Justice Act, 1948.—

During 1951, these numbered as follows:—

Male	Female	Total
11	4	15

(5) Social Worker Service.—Among the factors precipitating psychiatric illness, problems touching the home, the family and work are the most important, and in order to understand the patient, it is necessary that these should be known. The social worker service is the instrument by which the necessary information is obtained.

A most critical period in a patient's treatment is that immediately following discharge when it may be touch and go whether he or she makes a successful re-entry into society or breaks down again under the stress of the attempt. It is then that the advice and support of a social worker is most valuable and can tip the balance favourably.

The Committee's Social Worker Staff is distributed thus:—

	Adult	Children
Psychiatric Social Workers	Mrs. Iolo Jones	Miss Wiggins
	Mr. Marrington	*Mr. Midwinter
Social Worker	*Mrs. James Evans	

*Welsh speaking.

Work done in connection with Adults during 1951 (Dr. Simmons deals with the Child Guidance aspect in his Report).

Home visits	581
Visits to social agencies, etc.	
Interviews in hospital or clinic	

THE MENTAL DEFICIENCY INSTITUTIONS.

With the exception of Coed Du, the Year has been difficult for the Institutions and one occupied with preparation rather than development. Fronfraith has been busy getting ready for the move back to Broughton (made early in January, 1952). At LlwynView, the Contractors finished their work towards the end of the Year. There then followed a period of equipping in readiness for the additional patients now to be accommodated and who have recently commenced to arrive. There is no doubt but that a vast improvement has been brought about by the renovation of Llwyn View which can now be regarded as well adapted as a small institution can be to its purpose. Garth Angharad has also been busily engaged equipping itself against the arrival of its full complement of patients, who also commenced to come along towards the end of 1951.

It may be useful here to say something of the emerging pattern of mental deficiency accommodation in North Wales and the following is the classification proposed by the Regional Hospital Board :—

Broughton	Females	All ages	70
Llwyn View	Females	Adult	70
Coed Du	Females	Adult	80
Garth Angharad	Males	Adult	64
Eryri	Males	Under 16 years	—

The Eryri Hospital is administered by the Caernarvon and Anglesey Hospital Management Committee. Outside the above scheme are the following M.D. beds:—

Lluesty Hospital, Holywell	11
St. Asaph General Hospital	11

This scheme will permit some measure of classification of patients but not to the extent possible if instead of being widely scattered they were all units within the curtilage of one institution. However, it will be a great improvement to have been able to provide separate accommodation for boys under 16 who have hitherto been attached to an institution for female patients (Fronfraith).

The Patients.—The following table gives the number of patients resident in each Institution on the 31st December, 1951, also the number out on licence:—

	COED DU				FRONFRAITH				LLWYN VIEW				GARTHANGHARAD			
	UNDER 16		OVER 16		UNDER 16		OVER 16		UNDER 16		OVER 16		UNDER 16		OVER 16	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number resident	—	4	—	70	2	2	—	24	—	3	—	24	—	—	32	—
Number on licence	—	—	—	19	—	—	—	—	—	—	—	2	—	—	2	—

Total all Institutions.—

	Resident	On Licence
Male—over 16	32	2
under 16	2	—
Female—over 16	118	21
under 16	9	—

The Staff.—

	COED DU	FRONFRAITH	LLWYN VIEW	GARTHANGHARAD
	FEMALES	FEMALES	FEMALES	MALES
Qualfied	2 full time	—	2 full time	1 full time
Nursing Assistants	4 part time	2 full time 3 part time	1 full time	1 full time
Ward Orderlies	1 part time	—	1 full time	—

Religious Services.—At Coed Du, the higher grade patients attend neighbouring Churches and Chapels in addition to the weekly service held at the Hall. At Llwyn View and Garthangharad, weekly services are held. At Fronfraith, the better patients attend a neighbouring church while periodic visits are paid by the Chaplains.

Entertainments.—At Fronfraith, Rhyl Toc H. put on a Cinema Show every fortnight while occasional visits are paid to the local cinemas. Coed Du has its own projector and a show is given weekly. At Llwyn View and Garthangharad, patients attend the local cinema each week.

The patients at Coed Du enjoyed trips to Rhyl during the year while those at Llwyn View and Garthangharad had outings by bus.

Concerts and other entertainments are held periodically at all Institutions. Coed Du visited the Chester Pantomime, Fronfraith the Rhyl Pantomime and Llwyn View went to see the Pantomime at Blaenau Festiniog. Certain Coed Du and Fronfraith patients attended the Annual Ball at Denbigh.

MEDICAL STAFF CHANGES.

Dr. J. A. Urquhart was appointed to the Post of Senior Hospital Medical Officer in December.

Dr. Peter H. Griffiths was appointed to the Post of Junior Hospital Medical Officer in September.

We lost Dr. D. I. Jenkins (Registrar) in November and Dr. A. B. Monks (Senior House Officer) in September.

The present strength of Staff attached principally to the North Wales Hospital is as follows:—

	Establishment	Actual
Consultants	3	3
Senior Hospital Medical Officers	3	3
Junior Hospital Medical Officers	2	2
Senior Registrar.....	1	—
Registrar.....	1	—

CONCLUSION

I would take this opportunity to pay tribute to the work of my nursing, lay and medical colleagues whose co-operation and support I have highly valued.

To you Mr. Chairman, Ladies and Gentlemen, I express my great appreciation of the courtesy and consideration which you invariably show me.

I am Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. H. O. ROBERTS,
Medical Superintendent and Medical Officer.

North Wales Child Guidance Clinics

REPORT FOR THE YEAR ENDING 31st DECEMBER, 1951.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Report of the North Wales Child Guidance Clinics for the year 1951.

A. INTRODUCTION.

You will recall that until the end of 1949 the direction of the various Child Guidance Clinics had been in the hands of different members of the senior medical staff of the North Wales Hospital.

With my appointment it became possible to initiate a common policy for all centres. This necessitated a fair amount of re-organisation of office and clinic work. Changes in personnel also required us to develop what is a *sine qua non* for the smooth running of a Child Guidance Service: a common approach by the members of the teams to the problems in hand.

Our efforts have not been unrewarding. We have gained support for our work in many quarters and we have acquired a good knowledge of the tasks which confront us. I would say that a solid foundation has been laid for a Child Guidance Service which is capable of expanding to meet the needs of the area whenever circumstances may become favourable.

B. GENERAL DISCUSSION.

The tables which follow later will give a general idea of the scope of the clinics. Here I would like to draw your attention to some of the more important aspects of our work and to the considerations which we have in mind when we approach them.

1. Problems for which children are referred to Child Guidance Clinics.

As a a rule children are brought to our clinics when someone is worried about them.

Sometimes a mother is distressed by her child's intractable behaviour, his persistent bed-wetting, or his inability to do well at school. At other times a teacher is concerned because a pupil is timid, unable to fit into the life of his class, or

complains of feeling ill when demands are made on him. In yet another instance a child, often to the surprise of parents and teachers alike, has come into conflict with civil authority, perhaps for stealing, perhaps for causing wilful damage.

We shall have to look at the child and his environment if we want to discover the causes for his behaviour.

Sometimes a child, because of his own make up, cannot meet the ordinary and reasonable demands of school or society. At other times poverty, inconsistent handling, threatened breakup of family life, etc., produce conditions which even a robust child cannot resist.

Whatever the cause, help given early by either the parents, the school, or the Clinic, will be most effective. Our task will be to provide guidance and treatment, if required, depending on the needs of the individual case.

2. Position of the Child Guidance Clinics in relation to other Social Services.

For a variety of reasons children are placed under different authorities. It might be well to show the position of the Child Guidance Clinics in relation to the most important ones of these. This has been done in Table 1 which follows. From this table it will also be gathered that ANY authority may avail itself of the facilities for preventive diagnostic and therapeutic work which the Clinics offer.

Table 1.

INTELLIGENCE	Normal	Any	Subnormal	Normal	Subnormal
NATURE OF PROBLEM	EMOTIONALLY HANDICAPPED Behaviour and Personality difficulties	DELIQUENCY	EDUCATIONALLY HANDICAPPED Educational Subnormality	Specific Disability	"Unlikely to benefit"
NORMALLY DEALT WITH BY	CHILD GUIDANCE CLINICS	COURTS	CHILD GUIDANCE CENTRES		M.O.H. for local authority.
DISPOSAL	Treatment at Clinics. Foster Homes. *Hostels and Schools for MALADJUSTED Children.	Various Court Orders. Probation and Children's Officers. Remand Homes. Approved Schools.	Treatment at Centres. Special Educational Facilities including special tuition, classes and schools for EDUCATIONALLY SUBNORMAL Children.		Disposal, including Certification.
AUTHORITY RESPONSIBLE	Regional Hospitals Board	Home Office.	Local Education Authority.		Regional H. Board.

*Reference to Residential Hostels and Schools is made later (B.4a).

NOTE.—No Child Guidance Centres have been established in this area. Some of their functions have been carried out by the Clinics.

3. Treatment.

The term "Treatment" is applied to any measures which may be taken to improve the physical psychological or educational standing of a child. Such measures may be directed mainly towards the child, mainly towards his environment or, and this is most common, towards both. The nature of the difficulties for which referral is made determines whether or not treatment at or through the clinics is undertaken. This is, perhaps, the most widely known procedure. It is not, however, the only one and, often, it is not the most appropriate form of disposal.

Thus, in the case of educationally handicapped children the function of the clinics is, as a rule, a diagnostic and advisory one.

In respect of emotionally handicapped children our duties are of more complex nature. After examination we may advise that further help should be given through other social agencies and their workers. In some instances it may be unpropitious to suggest treatment; e.g., when co-operation from the parents cannot be secured. We accept for treatment at or through the clinics those children who are likely to benefit most from the means at our disposal. Their numbers are determined solely by the availability of staff.

Not infrequently, because of the seriousness of a child's condition and/or circumstances in his environment, treatment elsewhere has to be recommended. Further reference to this is made in the following paragraph.

4. Facilities for Special Treatment.

a) Emotionally handicapped children requiring placement.

i) Foster Homes. Sometimes re-adjustment cannot be effected because of adverse and unmodifiable conditions in a child's home. Placement in a family selected for their understanding of the needs, and their tolerance of the behaviour, of unstable children may then allow a child to "settle down" or make treatment at a clinic possible. On economic and general grounds this method has many advantages. Unfortunately, it is extremely difficult to find suitable homes, but the method warrants further and serious enquiry.

ii) Hostels and Residential Schools for Maladjusted Children. These are required for the treatment of certain children. Special training of the staff and psychiatric supervision are needed.

Both should be in close geographical and functional relationship to a Child Guidance Clinic. Children in the former attend neighbouring

schools and this gives a stimulus absent in a residential school. Hostels would seem to be the most appropriate for this area. They should be small, 8-12 children, or if larger allow of easy division into groups of this size. I would estimate that some 25-30 places might be required annually. Hostels might be admisitered by Education, Health or Joint Authorities.

Neither Hostels nor Schools have been established yet.

b) Educationally handicapped children.

Their treatment is essentially a function of the Education Authorities.

The numbers which have to be dealt with are very large. Brief reference to the special facilities required has been made already. Here I would mention that Treborth Hall and a small school at Ruthin are the only schools available for the residential treatment of educationally subnormal children. Both are filled.

Treborth Hall is doing pioneer work and the value of this for the area cannot be over-estimated. It is unfortunately, quite inadequate in size to cater for the needs of the whole area.

I would add that placement outside the Principality meets very serious difficulties. This is a most disheartening aspect of our work although not one under our control. Some children requiring placement impose an intolerable strain on their families, their fellow pupils, and their teachers. The chances that they will become adjusted or useful members of the community are, in the absence of adequate treatment, extremely small for all of them.

5. Child Guidance as a Preventive Service.

"The first aim of a comprehensive Health Service should be to prevent disease" (Blacker, Neuroses and the Mental Health Services, 1946).

It is recognised that the Child Guidance Clinics acting as diagnostic and therapeutic centres also serve a preventive function. Thus, the treatment of one child may influence his parents in their future handling of his brothers and sisters. It may result in new referrals on the initiative of parents who are friends of the child's family. It may, as a consequence of discussions with his teachers, lead to referral of other children on the school's recommendation.

The number of people whom the clinic personnel can meet while working on individual cases is, however, small and cannot exceed more than a few percent of the parent-child population.

The quality of our clinical work must remain our foremost "propaganda" weapon but, in the interest of preventive work, it would seem of considerable value for us to meet GROUPS of parents, teachers, magistrates, Children's Officers, and generally speaking, all those who in their daily lives come into close contact with large numbers of children, to exchange views and to discuss problems which are of interest to us all.

A fair balance has to be struck between time spent on purely clinical work and that outlined above. Pressure of work has not allowed us to join in more than a small number of group discussions. Requests received during the year for meetings suggest, however, that there is an increasingly felt need for these and we hope to investigate this matter closely as soon as additions to our staff will allow.

We feel that we have a specific contribution to make and also that the value of our work would be enhanced by closer contact with workers in other, but allied, fields.

A Note on Delinquency.

It would seem that three needs have to be met if children of normal intelligence and potentiality are to mature and behave in accordance with the accepted patterns of the society in which they live. These are the three needs: Stable and secure affection, stimulus and outlet, stable and reasonable authority.

Deprivation in respect of one or more of these needs leads to maladjustment.

This maladjustment may be seen in 1) a "healthy" child who behaves antisocially, 2) a neurotic child, 3) a child showing neurotic and antisocial behaviour.

From our standpoint there can be no hard and fast distinction between a maladjusted child who behaves antisocially and one who does not. The former when discovered and charged becomes a Delinquent.

It is not suggested that every child who behaves antisocially is neurotic or in need of psychiatric treatment, but it seems essential that full investigations should be made to determine which is the most appropriate form of treatment for each individual child.

In this area our contact with the Courts and their Officers has always been a friendly one. We appreciate the consideration with which the Magistrates treat our recommendations and the help which Probation and Children's Officers give us with children under treatment at the clinic and those for whom we advise treatment elsewhere.

C. Information and Data in respect of the Children.

1. Sources of Referral.

The following table will give a picture of the extent to which the Service is being used by various agencies. Included are all children referred during 1951, and any referred prior to 1951, but dealt with actively at the clinics during the year. Not all of them have necessarily been seen yet.

Table 2.

Referring Agency	Counties. Anglesey	Caern.	Denbs.	Flints.	Mer.	Other	Total
School Medical Officers	26	57	50	9	13	—	155
General Practitioners	2	13	22	19	4	—	60
Medical Specialists	4	8	6	6	1	1	26
Court and Probation Officers	—	6	13	3	—	—	22
Children's Officers	—	1	5	2	—	1	9
Supts. and Matrons of Homes	—	—	5	2	—	—	7
Parents or Guardians	3	4	4	2	—	—	13
N.S.P.C.C. and Y.E.O.	—	—	—	2	—	—	2
Schools direct	—	—	1	1	—	—	2
	35	89	106	46	18	2	296

2. Causes for Referral.

Table 3.

Children referred during 1951, and those awaiting examination on 1.1.51.

Behaviour, aggressive and difficult, 9 ; beyond control, 7 ; temper outburts, 5 ; truanting, 3 ; lying, 2	26
Pilfering and stealing, 15 ; larceny, 2 ; anti-social, 3 ; sexual misbehaviour, 6	26
Enuresis, 25 ; enuresis with other specified symptoms, 13 ; soiling 3	41
Temper tantrums, 3 ; night terrors, 2 ; masturbation 2	7
Emotionally unstable, strange, 12 ; listless, fainting, etc., 7 ; hysterical behaviour, 2 ; sleepwalking, 1	22

Hysteria, 1; depression, 5; suicide threat, 1; school phobias, 2; compulsions, 2; mutism, 2; refusal to eat after brain operation, 1; Asthma, 2	16
Stammer and stutter, 8; other speech defects, 6	14
Epilepsy, 7; post-encephalatic state, 1; spasticity, 2; obesity, 1	11
For guidance (adoption, 2; separation, Mongol child, career)	5
Specific learning disability	3
Backwardness, 13; ditto with other specified symptoms 5	18
For assessment of intellectual status only, 15; suspected mental defectives, 8	23
	199

NOTE.—In Table 3 the main symptoms as stated by the referring agencies have been listed. Enquiry usually reveals further, and often more serious, difficulties. Sometimes, we can re-assure parents that the behaviour which has caused them concern is normal and appropriate to their child's age, or that it is likely to yield to relatively minor changes in handling.

3. Age and Intelligence of Children.

a) **Intelligence Quotients and Ages,** of 129 boys and 59 girls examined by the Terman and Merill Revision of the Stanford Binet Scale.

Table 4.

INTELLIGENCE QUOTIENTS	-55	55-69	70-84	85-99	100-114	115-129	130 & over	TOTAL
BOYS under 5	1	—	1	—	1	—	—	3
5— 7	2	5	2	6	4	—	—	19
7—10	—	3	8	13	8	2	—	34
10—12	3	2	9	12	1	3	1	31
12—15	1	4	12	12	4	1	1	35
Over 15	—	1	1	2	2	—	1	7
GIRLS under 5	2	—	—	1	1	—	—	4
5— 7	—	2	2	2	—	—	—	6
7—10	1	2	2	6	—	—	—	11
10—12	3	1	—	4	2	—	—	10
12—15	2	6	2	4	4	—	1	19
Over 15	—	1	3	3	1	—	1	9
BOYS & GIRLS All ages	15	27	42	65	28	6	5	188

b) Some comment on Referral Ages.

Eleven children under the age of 5 were examined during 1951. In only five of them could emotional causes be held to have been mainly responsible for their difficulties. This is a matter which causes us concern as it suggests that only these five children of the total group of under 5's had been considered sufficiently emotionally disturbed to warrant expert advice being sought.

The number of under 7's of normal intelligence was larger (17) but still relatively small.

It is now generally agreed that the first 5 or 6 years of a child's life are of the utmost importance to his future development. Symptoms, the warning signals that all is not well, can usually be recognised during these years. Help given then offers greater prospects of speedy and better readjustment than at any later stage.

It would seem that a greater effort is required to acquaint parents and others with what is known about the normal psychological development of children. Disturbances might then be recognised for what they are in most instances: signs of ill health, and advice could be sought EARLY.

c) Some comment on intelligence testing—with special reference to Welsh Speaking Children.

i) Intelligence tests. Two main types of intelligence tests are in use: Verbal and non-verbal or performance tests. Most of the children seen at the clinics are given a series of both types of tests. This is of particular importance in this area because of the shortcomings which verbal tests have when given to Welsh speaking children.

The Stanford Binet Test is one of the most commonly used verbal scales and no alternative for use in North Wales is as yet available. We are aware of the problems raised by its use and scores are always carefully analysed.

In Table 4 we have chosen I.Q. ranges which are fairly wide and we believe that the findings for the group as a whole give a fairly accurate picture of the distribution of intelligence among the children tested.

ii) Assessment of ability. When we assess the ABILITY of an individual child we are not, fortunately, entirely dependent on test results. The impression obtained by the examining psychologist of the child's approach to the task in hand, his manner of dealing with new and unforseen situations, etc., give valuable clues as to what he might be able to achieve in his school work and life in general. We also gather valuable data from school reports which we obtain in most cases.

The psychiatric examination yields further data and when a case conference attended by all workers has been held we feel that it is extremely unlikely that injustice will be done to any child.

I would like to add that Mr. W. R. Jones is available for the testing of any child in whose case we have reason to suspect that language handicap has affected performance.

iii) Need for tests for Welsh speaking children. It seems clear that an urgent need exists for standardised intelligence (and performance) tests for Welsh speaking children. I might quote Mr. W. R. Jones who is an expert on this subject—"We need to adapt and standardise individual performance and group non-verbal tests" and "to construct anew and standardise verbal intelligence tests." "I understand that a beginning has been made by a research panel of the Collegiate Faculty of Education at Bangor." To this I cannot usefully add anything except perhaps that an intensive programme of work is now in progress, and we hope that this will, in the course of the next few years, give us the tests which we require.

iv) Value of test results in relation to education. The scholastic success likely to be achieved by children in the different I.Q. ranges which have been used in table 4 may be gathered from the following observations.

I.Q. under 55 :	unlikely to benefit from education in the sense in which this word is usually used. They require training in occupation centres.
55—69 :	likely to require teaching in special schools.
70—84 :	likely to require teaching in special classes.
85—114 :	of low average, average, and high average ability.
115—129 :	of superior ability.
130 and over :	of outstanding ability.

D. Diagnoses.

Table 5.

Ages	Emotionally Handicapped		Intellectually Handicapped				Special Disabilities		Others		All	
	Behaviour, Personality Difficulties, etc.		In need of Special Educational facilities		"Ineducable"							
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Under 5	3	2	2	1	—	1	—	—	2	—	7	4
5— 7	13	4	8	2	4	1	—	—	—	1	25	8
7—10	27	8	6	1	—	1	—	1	—	1	33	12
10—12	21	7	6	1	4	1	3	—	1	—	35	9
12—15	24	12	9	6	—	3	2	—	—	—	35	21
Over 15	5	9	1	2	—	1	—	—	1	—	7	12
Total	93	42	32	13	8	8	5	1	4	2	142	66
Both sexes ALL ages	135		45		16		6		6		208	
			61									

NOTE. 1) The following were included under "Others": 1 normal child, 4 children with gross physical defects, 1 psychotic 15 year old boy.

2) The above headings are used to show that children had become problems to parents, teachers or the community at large as a result of MAINLY EMOTIONAL or MAINLY INTELLECTUAL difficulties. The two groups tend to overlap because disturbance in one or other sphere of a child's activities reflects itself in the remaining ones.

Table 6.

	Under 5	5—7	7—10	10—12	12—15	Over 15	All Ages
Showing neurotic traits	1	5	9	11	5	2	32
Showing neurotic illness	—	—	3	10	15	6	34
Showing antisocial traits	—	2	7	3	11	4	27
Showing antisocial character formation	—	—	2	—	1	1	4

NOTE. The 135 children forming the "Emotionally Handicapped" group of Table 5 might be divided into 5 or 6 broad sub-groups. Four of these are shown in Table 6 and it is thought that from this an estimate can be made of the seriousness of some of the conditions for which children are referred.

E. Statistics of Attendances.

Table 7 (Refers to work of PSYCHIATRISTS).

Clinics	FIRST Attendances (Referrals)			FURTHER Attendances (Re-examinations and Treatments)			TOTAL No. of Attendances
	Boys	Girls	Total	Boys	Girls	Total	
Bangor	44	25	69	28	52	80	149
Colwyn Bay	5	2	7	78	4	82	89
Dolgelley	12	4	16	3	4	7	23
Rhyl	28	13	41	144	52	196	237
Wrexham	44	22	66	134	20	155	221
All Clinics	133	66	199	387	132	520	719

NOTE: This table refers to children only. In most instances a parent is also interviewed by the Psychiatrist on at least one occasion.

Table 8 (Refers to work of PSYCHOLOGISTS).

Clinics	FIRST Examinations			FURTHER Examinations			Total Number of Attendances	Remedial Teaching		School Visits
	Boys	Girls	Total	Boys	Girls	Total		No. of Children	No. of attendances	
Bangor	41	24	65	—	1	1	66	1	30	—
Colwyn Bay	3	1	4	—	—	—	4			
Dolgelley	4	3	7							
Rhyl	20	14	34	1	6	7	41	—	—	—
Wrexham	43	22	65	4	—	4	69	—	—	—
All Clinics	111	64	175	5	7	12	190	1	30	—

Table 9a.

(Tables 9a and 9b refer to work of PSYCHIATRIC SOCIAL WORKERS).

AT CLINICS—Interviews with Parents, Guardians, etc.

Clinics	FIRST Interviews				FURTHER Interviews				TOTAL
	Mothers	Fathers	Others	Total	Mothers	Fathers	Others	Total	
Bangor	66	1	6	73	70	1	—	71	144
Colwyn Bay	5	2	—	7	75	6	—	81	88
Rhyl	40	4	4	48	117	—	2	119	167
Wrexham	50	3	11	64	140	5	1	146	210
All Clinics	161	10	21	198	402	12	3	417	609

Table 9b.

NOT AT CLINICS—Visits to

Clinics	Homes	Schools	Social Agencies	TOTAL
Bangor	73	7	7	87
Colwyn Bay	39	1	1	41
Rhyl	60	9	2	71
Wrexham	58	12	11	81
All Clinics	230	29	21	280

NOTE. With reference to Tables 7—9b it might be said briefly that for some years referrals and total attendances per annum have averaged about 180 and 700—800 respectively. There has been a very considerable increase, however, in the visits paid by the Psychiatric Social Workers.

F. Personnel.

1. Psychiatrists. Since the early part of 1950 I have been working single handed except for the assistance given by Dr. T. G. Williams at the Dolgelley Clinic.

The number of children seen is determined largely by the amount of psychiatric time which is available at the clinics. It will be realised that a fair amount of time which might be used for dealing with patients is lost in travelling over distances which in this area are not inconsiderable.

Whether or not assistance is provided is a matter of policy. The point has been reached however, when further expansion is not possible, and unless psychiatric help is forthcoming children who cannot be accepted for examination or treatment will have to go on to increasingly long waiting lists.

2. Psychologists. There has been no change in personnel. No full time worker is as yet available. The appointment of such a worker would allow of co-ordination of the work of the speciality and might produce opportunities for us to tackle some of the problems of bilingualism as they affect our work.

3. Psychiatric Social Workers. Mrs. I. Jones handed over the Rhyl clinic to Miss J. Wiggins in August, 1951, and Mr. A. Marrington took the place of Mrs. James Evans at Dolgelley at the end of the year.

Miss Wiggins is the senior worker and she is responsible for the general administration of the department. She also attends at the Rhyl and Wrexham clinics. Mr. Midwinter attends at Bangor and Colwyn Bay. It has not been possible to subdivide the area in respect of field work which occupies more than half the time of each worker. Both still have to travel to the extremities of the counties and demands on them are very heavy.

4. Secretary. Miss M. Prince took over her duties on 7.8.51, and is available for 4½ days per week. It is hoped that she will be able to do full time work for the Child Guidance Department in the near future. 1951 has been a trying year as far as secretarial assistance was concerned, and matters will not be easy by any means unless further help is provided.

Disposition of Staff.

Table 10.

Town and Day	Sessions at	Psychiatrists	Psychologists	Psychiatric Social Workers
BANGOR Every Wednesday	10 a.m.	Dr. E. Simmons	Dr. J. Rogers Mr. W. R. Jones Mr. T. R. Miles	Mr. J. Midwinter
	2 p.m.	Dr. E. Simmons		Mr. J. Midwinter
COLWYN BAY Every Monday & Saturday	10 a.m.	Dr. E. Simmons	No Psychologist. Children examined at Rhyl or Bangor	Mr. J. Midwinter
	10 a.m.	Dr. E. Simmons		Mr. J. Midwinter
RHYL Every Thursday	10 a.m.	Dr. E. Simmons	Dr. M. Vidor	Miss J. Wiggins
	2 p.m.	Dr. E. Simmons	—	Miss J. Wiggins
WREXHAM Every Friday	10 a.m.	Dr. E. Simmons	Dr. M. Vidor	Miss J. Wiggins
	2 p.m.	Dr. E. Simmons	Dr Vidor if required	Miss J. Wiggins
DOLGELLEY One session on 3rd Tuesday of month		Dr. T. G. Williams	Mr. W. R. Jones	Mr. A. Marrington

NOTE. Dr. Williams, Mr. W. R. Jones and Mr. Midwinter are Welsh speaking.
Mr. T. R. Miles is working in an honorary capacity.

G. Special Investigations.

We have received every consideration from Medical Specialists when we asked for their help. Contact with hospitals and their staffs is not easily maintained because of the relative isolation of the clinic premises. It is most important, however, that we should have this and I am looking forward in particular to an increasingly close liaison with the Consultant Paediatricians.

I also want to make especial mention of the invaluable assistance given by Dr. H. Hoston, of Winwick Hospital. He has provided us with reports on his findings after examination of a fair number of children by means of an Electro-Encephalograph. This machine records changes which take place in the brain as a result of its activity. Abnormal rhythms may indicate organic disease which cannot be proved by other clinical methods although its presence may have been suspected. Decisions on the most appropriate form of treatment to be given may be greatly influenced by E.E.G. findings.

I need hardly say that I was very glad to hear that an Electro-Encephalograph will soon become available at the North Wales Hospital, and that we shall be able to have our examinations done there.

H. Conclusion.

It is a pleasure for me to record my gratitude to my team members for their constant and loyal support. Thanks to their efforts and their cheerful acceptance of many unusual tasks we can look back on the year's work with considerable satisfaction.

To the School Medical Officers I am obliged for their continued permission to use school clinic premises and for their very active co-operation with us.

To Miss Prince who in a relatively short time has made herself familiar with the intricacies of her duties as Secretary to the Child Guidance Department, I also offer my thanks.

To my collegues at the North Wales Hospital and to Dr. J. H. O. Roberts in particular I am indebted for their help and advice on many occasions.

To you Mr. Chairman, Ladies and Gentlemen, I would express my sincere appreciation of your unfailing support and your very real interest in the Service.

Your obedient Servant,

E. SIMMONS,
Consultant Child Psychiatrist.

NORTH WALES MENTAL HOSPITAL MANACEMENT COMMITTEE

Report of the Board of Control Commissioners on their visit to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, on 4th April, 1951.

THE NORTH WALES MENTAL HOSPITAL,
DENBIGH.

4th April, 1951.

We have today completed the annual visit of our Board to this progressive and ably administered Hospital.

The number of patients in residence is 1,475 (739 men and 736 women); of these 227 are voluntary and 3 are temporary patients. In the course of our inspection of the Wards and Departments, we believe we have seen all the patients. We talked to many of them and gave 4 private interviews. We are satisfied that all those undergoing treatment here receive skilled medical attention and nursing care. The relationship between patients and staff appears an exceptionally happy one. The homely atmosphere of the various wards is most striking.

In the year 1950 there were no fewer than 825 direct admissions (381 men, and 444 women) of whom 555 came in voluntarily and 14 were admitted as temporary patients. The large number of direct admissions must throw a great deal of work on the medical and nursing staffs, and reflects the increasing amount of work done at the Out-Patient Clinics. The large majority of the admissions were patients who had in the first place been seen at the Clinics. In the same period, 672 patients left or were discharged.

The nursing staff is much below strength on the female side of the hospital, and the shortage of trained women nurses in particular is most serious. In this hospital the patients are divided almost equally by sex, but while on the male side there are 123 male nurses of whom 72 are certificated or registered as mental nurses, on the female side there are 78 full time and 22 part time with but 18 certificated or registered. Fourteen nurses of each sex are on duty each night. It will be appreciated that from the foregoing figures how lacking in trained staff the female wards are in the daytime.

The redecoration of the corridors and the wards is progressing satisfactorily. F6 and F9 are examples of complete repainting and in several other wards the dormi-

tories only have been done up. In F5, always a depressing ward, a new ward kitchen has been made out of a Store Room and is a marked improvement on the former one. Steady improvement in furnishings has taken place and we noted particularly the number of new easy chairs purchased since the last visit. New bedside lockers have also been acquired.

Pictures from the Red Cross Picture Library now appear on the walls of a number of wards, and Dr. Roberts has been able to secure recently a number of artistic posters which are to be framed and hung.

As the wards are without facilities for warming plates or for keeping food hot, the importance of conveying the dinner from the kitchen to the wards without loss of heat has been recognised, and during the past year insulated food containers have been purchased and are used for the transport of meals to all the wards. Six new hot plates have been placed in the kitchen. In the kitchen of Pool Park, a large refrigerator has been installed. Dinner yesterday consisted of meat stew, carrots and potatoes, with a spaghetti pudding. It was a substantial meal. The diet appeared to us well varied. All patients have a light supper before going to bed.

A Hoffman press has been acquired in the laundry, and all male suits which are washed, are now steam pressed. Another new machine in this department is an air speed dryer for dresses. A new drying room is also envisaged.

The excellent Occupation Therapy Departments continue to do good work. On the female side a second qualified occupation therapist started work this week. The female centre has been moved to the top floor of the main building to larger quarters, but the new room is already not big enough for the numbers of patients attending. The male centre is also a very active one and the premises commodious. There are good occupation centres on both sides of the Reception Hospital.

The recreational life of the Hospital is most active; weekly cinemas and dances are held in the Hall, and concerts are a regular feature of the winter programme. Some of these are arranged by the Council for Music in Hospitals. We were glad to hear that a cinema apparatus has been acquired for Pool Park, and that regular performances will now be given there. At the female Convalescent Villa, a tennis court for patients is in process of being made.

A hospital magazine has been started in the past year and is one of the most ambitious we have seen. The circulation is increasing in a most satisfactory way.

The hospital is well supplied with newspapers and books. The latter are supplied by the County Library. The W.V.S. continues to do most useful work at the Reception Unit by acting as librarians and by running the Canteen there. The Canteen at the main hospital does a big trade, and has a well varied stock.

There is a well organised department of Social Workers, and this has recently been moved into a self contained office at the Reception Unit. There are three trained psychiatric social workers as well as two social workers and a clerk on the establishment.

Out-Patient Clinics are held weekly at Bangor, Rhyl and Wrexham, and each month at Dolgelley. The numbers attending these Clinics are increasing each year, and during 1950, 1,778 attendances are recorded.

The general health of all patients has been good. Early this year a number of cases of influenza occurred, 198 patients and 12 members of the staff. This disease, however, has now subsided.

There are 23 cases of pulmonary tuberculosis, 19 men and 4 women. Two men and one woman died from this disease in 1950.

Mass radiography has been carried out on the patients,and the staff areX-rayed at intervals. The Mantoux test is carried out on all student nurses, and those giving a negative reaction receive a course of B.C.G. vaccine. The tubercular patients are treated on verandahs which are comfortable and well designed. New roof blinds, for use in the summer, have been fitted. Treatment is under the direction of the Tuberculosis Officer. Streptomycin is used in selected cases, and in them is giving encouraging results.

The hospital is at present free from intestinal infections.

The infirmary wards are well equipped and the poison cupboards are in good order. The clinical forms are satisfactory and the records well kept.

In 1950, there were 121 deaths (55 m., 66 w.) giving a mortality rate for men of 7.3%, and for women 9%. The total mortality rate being 8.1%.

Since January of this year, 22 men and 17 women have died.

Five inquests have been held since the last visit, the details of which have already been forwarded to our Board.

Twenty casualties have occurred, 3 during the administration of E.C.T. The remainder were fractures mainly due to accidental falls.

The dental room is well supplied with new and modern equipment. A dental surgeon visits each week.

The chiropody room is new and newly equipped, and two part-time chiropodists attend for 3 sessions each week.

The dispensary is a newly constructed unit and is well equipped.

The special methods of treatment in use are electro-convulsive therapy, insulin, prolonged narcosis, penicillin and malaria for G.P.I., and leucotomy when other forms of treatment have failed.

Dr. Roberts has on his staff, Dr. Williamson and Dr. Williams as fellow consultants. Dr. Davies and Dr. Edwards as S.H.M.O's., Dr. Jenkins as Registrar, Dr. Sydenham as J.H.M.O., Dr. Monks as S.H.O., and Dr. Evans as Pathologist. Dr. Vidor is also on the staff as psychologist.

J. COFFIN DUNCAN,
J. FRASER M. CAMPBELL,
Commissioners of the Board of Control.

Report of the Board of Control Commissioner on her visit to Coed Du Hall M.D. Institution, Near Mold, on 19th March, 1951.

COED DU HALL INSTITUTION,
Near MOLD.

19th March, 1951.

Since this Institution was last visited by my Board the Matron, Miss Elder, who for so long had struggled to keep Coed Du going without any adequate staff, was taken ill and died last October. She had for many years identified herself with Coed Du and worked with unceasing devotion for her patients.

At the beginning of January of this year Miss Flora MacDonald was appointed the new matron and took up her duties on the 3rd of that month. She had many difficulties to contend with—the chief being insufficient staff. She realises it will be difficult to secure resident staff so long as there is no suitable accommodation for them. I was glad to have an opportunity of talking over the staffing position with Miss MacDonald and to find that she was so fully alive to the need for making conditions for resident staff attractive. The present staff consists of Miss MacDonald and Miss Lloyd, a retired matron, who although well on in the 70's gives most useful assistance and is the only other member of the staff living in. In addition there are two non-resident nursing assistants and two part time non-resident nursing assistants (who take night duty) and a full time non-resident cook. There is no clerical assistance.

The staff quarters are unattractive and inadequate. Miss Lloyd is apparently willing to live in the room provided for her but I do not think anyone else would be so spartan. The other staff rooms are almost uninhabitable. The room used by non-resident staff for meals is a cheerless uncomfortable room and yet it would have to be used for resident staff were there any. In one corner of the room is a cupboard with a sink in it for washing dishes after staff meals and in which the cook has to wash her hands if she wishes to do so.

The number of patients in residence is 64, all but two being over 16 years of age; I saw them all today and gave two private interviews. The patients seemed cheerful and happy and they were neatly dressed. I was glad to be told that arrangements are being made to provide them with under garments of modern type.

The patients are occupied in all the utility departments and a number knit and do embroidery but there is room here for development in occcupation therapy. Numbers here are to be increased shortly by 8, of whom 4 will be under the age of 16, this will strengthen the case for an occupation instructor (at any rate part-time). I wonder if a joint appointment with Fronfraith would be possible?

The health of the patients has been satisfactory although since the beginning of the year there have been 13 cases of influenza and a certain number of patients had short attacks of diarrhoea. No dysenteric organism has however been isolated and Miss MacDonald feels the outbreak may be due to some lack of cleanliness in the kitchen; a possibility which is being investigated. At the time of my visit one patient was suffering this condition.

The lack of a surgery is much felt. There is nowhere where cuts and abrasions or other small casualties can be treated or where the dentist, who has a fortnightly session, can give treatment. He has to use the girls' cloakroom at present. The medicine and poison cupboard has to be housed in Miss Lloyd's bedroom.

The patients have a weekly cinema performance and occasional parties. Some of them go over to the Denbigh Hospital to entertainments there. Miss MacDonald sends 3 girls with a nurse into Wrexham when the van goes there twice a week, and also 8 girls go into Mold fortnightly. In this way all the girls who can appreciate it, in turn visit a town to spend their money. It may be possible in the future to arrange such visits to Chester. Patients have never gone from Coed Du on an organised summer holiday but Miss MacDonald feels that an innovation of this kind would be excellent. Pocket money varies from 6d. to 7/6 per week.

Since the last visit a new hot press has been put in outside the patients' bathroom : the fire fighting appliances have been overhauled and a new refrigerator has been bought for the kitchen.

Since the beginning of the year improvements have been made in the diet. Dinner today consisted of cheese pie, potatoes and trifle as pudding. There was no green vegetable but the cook was away ill and the patient who assists her was in bed with a sprained ankle and therefore cooking was a difficult matter.

In addition to the patients in residence 9 girls are out on licence. I discussed the need for reviewing the cases of all those who have been out on licence for two years or more with Miss MacDonald.

(Signed) I. C. DUNCAN,

Commissioner to the Board of Control.

NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE

Report of the Board of Control Commissioner on her visit to Fronfraith M.D. Institution, Rhyl, on 20th March, 1951.

FRONFRAITH M.D. INSTITUTION,
RHYL.

20th March, 1951.

At my visit today I found 29 patients (one a Place of Safety case) in residence, I saw them all. None was in bed and I was glad to hear that during the past year the general health had been very good, only one very weakly patient, a cretin, having been ill.

During my visit all the patients (except 6) were dressed in their out door clothing and taken for a walk. Later I saw them walking along the promenade enjoying the first sunshine for many days. I am sure they all were taking a keen pleasure in this exercise and I was glad to hear from Miss Fletcher that whenever there is a member of the staff available and the day is sufficiently fine all those who can be taken out do go for a walk including a helpless little boy who is pushed in a chair.

Some of the recommendations made by my colleagues in their detailed entry of last year have been adopted. The five or six higher grade girls are now allowed out on shopping walks and to church and I discussed with Miss Fletcher the possibility of those who are sufficiently stable being allowed to visit the cinema in the afternoon in small parties of 2 or 3. Occasional visits are paid if a member of the staff is available but with acute shortage this is seldom possible. The staff bedroom with 2 beds has been much improved by better furnishing and bedside lamps but is unfortunately still empty.

As is well known the chief difficulty at Fronfraith is lack of staff and many of the criticisms made by my colleagues and myself in past years have their origin in that fact.

In discussing this matter with Miss Fletcher I stressed the fact that it is unwise to set too high a standard in making appointments in the very difficult circumstances at Fronfraith. The staff at the moment is as follows:—

Miss Fletcher—Matron.
Miss Hughes—Night nurse resident and full time.
Miss Hardwick—Part-time 1 p.m.—6 p.m. Monday to Saturday.
Miss Williams—8 a.m. to 1 p.m. daily except Sunday. On Sunday her hours are 11 a.m.—7.30 p.m. as a temporary measure owing to the illness of Miss Hassell.
Miss Hassell—who is away ill and has been away since the beginning of the year, worked from 8 a.m.—1 p.m. 7 days a week.

There are also a resident cook and a resident seamstress. A Mrs. Davies relieves on the night Miss Hughes is off duty. It will be seen that there is no margin whatever. Miss Fletcher is never off duty, she did get a week's holiday in November, I was glad to hear, when a retired nurse Mrs. Barker replaced her. But I am confident that the policy of allowing Miss Fletcher to forego her holidays and her free time is an extremely unwise one, even though she herself seems to prefer it. It is not fair either to her or to the Institution.

Miss Fletcher tells me that the Broughton house will be ready for occupation before the end of this year and in view of that fact I do not propose either to criticise the present premises or make suggestions for their improvement. Broughton when reopened is to have 56 beds but unless more staff is found any increase of numbers will be impossible.

Fronfraith needs an occupational trainer badly so does Coed Du Hall which I visited yesterday. I wonder if a joint appointment could be made part-time at each place?

Only one patient is at present out on licence and the subject of her discharge is at present under consideration.

(Signed) IDA COFFIN DUNCAN,
Commissioner of the Board of Control.

NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE

Report of the Board of Control Commissioners on their visit to Llwyn View M.D. Institution, Dolgelley, on 29th June, 1951.

LLWYN VIEW,
DOLGELLEY,
29th June, 1951.

At our visit today we learned that Miss Williams had just returned to Llwyn View after three months in hospital owing to a fracture sustained while on duty. During her absence Miss Einas has been in charge.

There are today 20 female patients in residence, one on holiday and two on licence making 23 names on the books. Since the last visit one patient has been discharged and 3 have been admitted.

The Staff includes Miss Einas as deputy, two ward orderlies, a cook and assistant cook and a laundress. The last three are non-resident. None are trained.

During the last nine months considerable alterations have been carried out and it is expected that additional beds will be opened in a few weeks. We were very surprised to find that the new baths fitted are high and small—suitable for nursery children. As the patients here are all adult, it will be very difficult for the young nurses to lift them into them, and dangerous for patients to get in and out by themselves. No food or clothing stores have been provided and no room allocated as a sewing room. The laundry is antiquated and the new washing machine delivered a year ago is not yet in commission. This laundry does the washing for Garth Angharad and as the numbers at both these homes are to be increased it will shortly become inadequate for its task.

The patients were suitably dressed in summer frocks but we would like to see more individuality in the choice of winter frocks.

At present there are no facilities for the outdoor recreation of the patients and we hope that the proposed space will be ready for use next year. The majority of the patients attend the cinema in the town twice a week and outings are arranged in groups with the use of the hospital van. Pocket money ranges from 6s. to 1s. and there is a free issue of sweets.

We should like to comment on the smart appearance of the staff and to congratulate Miss Einas upon the efficient way in which she has carried on in the absence of Miss Williams, during a difficult period of reconstruction. We wish Miss Williams a speedy recovery.

M. McFARLANE,
M. GORDON,
Inspectors of the Board of Control.

NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE

Report of the Board of Control Commissioners on their visit to Garth Angharad M.D. Institution, Dolgelley, on 29th June, 1951.

GARTH ANGHARAD,
DOLGELLEY.

29th June, 1951.

At our visit today we found 29 male patients in residence and one away on licence, making 30 on the Books, all are over the age of 16 years. There have been 4 admissions, (no transfers) since the last visit.

The health has been satisfactory, Dr. Owen visits fortnightly, a medical journal is kept. Periodical visits are paid from Denbigh Mental Hospital. Up to the present, weights are not being recorded as there is no machine available. We hope a machine will shortly be provided.

Repairs and alterations have not yet been completed and appear to have been at a standstill for the last two months. Until such time as these are completed it will not be possible to admit any more patients. In view of the great need for beds in this area, this is distressing. We were surprised to find that steps had not been taken to guard the windows and we consider this matter should receive immediate attention.

There is plenty of suitable employment for the few higher grade boys, but a low grade occupation class is needed for the majority; the curriculum of such a class should include physical activities and very simple handicrafts.

The higher grade boys go to the cinema in Dolgelley twice a week, and are conveyed by utility van belonging to the Hospital, but for the low grades there is no entertainment of this kind. Scale of pocket money remains as at the time of the last visit.

We did not consider the way in which the Diet Book is kept to be satisfactory and we were rather concerned as to the adequacy of the diets.

The Staff consists of the Superintendent, one qualified male nurse and one male assistant in charge of the boys. A female cook and an assistant cook are employed, also two gardener-handymen. When the number of patients increase and additional staff is appointed, consideration should be given to the appointment of an officer to take charge of training for the low grades.

Mr. Roberts, the Superintendent, accompanied us during our visit.

M. McFARLANE,
M. GORDON,
Inspectors of the Board of Control.